

446

MARGIN RESERVED FOR BINDING

N.B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STANDARD CERTIFICATE OF DEATH				Arizona State Board of Health		BUREAU OF VITAL STATISTICS	
1. PLACE OF DEATH				County <u>Pima</u> State <u>ARIZONA</u>		State File No. <u>407</u>	
Township <u>Tucson</u> or Village _____				City <u>Tucson</u> No. <u>St Marys Hospital</u> St. _____ Ward _____		Registered No. <u>912</u>	
(If death occurred in a hospital or institution, give its NAME instead of street and number)				Length of residence in city or town where death occurred <u>6</u> yrs. <u>0</u> mos. <u>0</u> ds.		How long in U. S. if of foreign birth? <u>0</u> yrs. <u>0</u> mos. <u>0</u> ds.	
2. FULL NAME <u>Mrs. Katherine Deutch</u>				How long in State when death occurred <u>6</u> yrs. <u>0</u> mos. <u>0</u> ds.			
(a) Residence: No. <u>1103 East Nelson</u> <u>Tucson Ariz</u>				Ward _____		(If non-resident give city or town and State)	
(Usual place of abode)							
PERSONAL AND STATISTICAL PARTICULARS							
3. SEX <u>Female</u>		4. COLOR OR RACE <u>white</u>		5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word) <u>Widowed</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>John Deutch</u>							
6. DATE OF BIRTH (month, day, and year) <u>1873</u>							
7. AGE		Years <u>61</u>	Months _____	Days _____	If LESS than 1 day, _____ hrs. or _____ min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House Keeper</u>						
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____						
	10. Date deceased last worked at this occupation (month and year) _____						
11. Total time (years) spent in this occupation _____							
12. BIRTHPLACE (city or town) (state or country) <u>Germany</u>							
MOTHER FATHER	13. NAME <u>Benedict</u>						
	14. BIRTHPLACE (city or town) (State or country) <u>no record</u>						
	15. MAIDEN NAME _____						
	16. BIRTHPLACE (city or town) (State or country) _____						
17. INFORMANT <u>Hospital Records</u>							
18. BURIAL, CREMATION, OR REMOVAL <u>Burial</u>							
Place <u>Evergreen Cemetery</u> Date <u>12-19</u> , 19 <u>34</u>							
19. UNDERTAKER <u>Parker-Graham and Co</u>							
(Address) <u>Tucson Ariz</u>							
20. Filed <u>12-19</u> , 19 <u>34</u> <u>Leah H. Howard</u> Registrar							
Back of Certificate to be used for any Additional Information <u>Tucson Ariz</u>							

MEDICAL CERTIFICATE OF DEATH	
21. DATE OF DEATH (month, day, and year) <u>Dec-18-</u> , 19 <u>34</u>	
22. HEREBY CERTIFY, That I attended deceased from <u>12-14-</u> , 19 <u>34</u> , to <u>12-18</u> , 19 <u>34</u>	
I last saw her alive on <u>12-17</u> , 19 <u>34</u> ; death is said to have occurred on the date stated above, at <u>7:35 a.m.</u>	
The principal cause of death and related causes of importance were as follows: <u>Bilateral Pneumonia</u>	
Other contributory causes of importance: <u>meningitis</u>	
Name of operation _____ Date of _____	
What test confirmed diagnosis? _____ Was there an autopsy? _____	
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19 <u>34</u>	
Where did injury occur? (Specify city or town, county and State) _____	
Specify whether injury occurred in industry, in home, or in public place. _____	
Manner of injury _____	
Nature of injury _____	
24. Was disease or injury in any way related to occupation of deceased? _____	
If so, specify _____	
(Signed) <u>J. C. Riggins</u> , M. D.	
(Address) <u>130 S. S. Clark St.</u>	